

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <u>Geraldine Lytle</u> B. Date of Delivery _____	
1. Article Addressed to: Molded Fiberglass P.O. Box 2189 213 Reep Road Morganton, NC 28680-2189		C. Signature <u>Geraldine Lytle</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>PO Box 2728</u> <u>Morganton NC 28680</u>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) <u>7000 0600 0023 2923 4596</u>			
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

US EPA RECORDS CENTER REGION 5



464429

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage \$ <u>139</u> Certified Fee <u>190</u> Return Receipt Fee (Endorsement Required) <u>150</u> Restricted Delivery Fee (Endorsement Required) Total Postage & Fees \$ <u>479</u>	
Name <u>Molded Fiberglass</u> Street <u>P.O. Box 2189</u> City <u>213 Reep Road</u> <u>Morganton, NC 28680-2189</u>	<u>CRS</u>
PS Form 3811, July 1999	See Reverse for Instructions